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Optometry Board of Australia
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Consultation on proposal for therapeutic qualification to be included as a requirement for general registration

Introduction

This submission is made opposing the Optometry Board of Australia's (OBA) proposal that therapeutic qualification be included as a requirement for general registration. At the outset it needs to be stated that Specsavers is a firm supporter of continuing professional development and education of optometrists and student graduates. Specsavers has established a Professional Services Department dedicated to the ongoing education of its optometrists and graduate students. The intent of this submission is not to oppose therapeutic education of optometrists but specifically to oppose the requirement for therapeutic endorsement to be a requirement for general registration of optometrists. Specsavers currently has 250 optometry practices in Australia¹ with a combined moving annual turnover of approximately \$520 million which accounts for some 20% of the Australian prescription glasses market. These stores employ approximately 350 optometrists Australia wide.

This submission will address each of the 7 questions raised in the OBA consultation document. In short, whilst the cohort of Specsavers optometrists includes both therapeutically qualified and non-qualified practitioners, Specsavers position is that therapeutic endorsement is a matter for each optometrist and should not be included as a requirement for general registration. In addition, it is Specsavers view that currently registered optometrists who choose not to get therapeutic qualifications should be able to continue to practice as they do now. In relation to overseas trained optometrists, Specsavers view is that their entry qualifications criteria should be aligned to the cohort of their corresponding Australian contemporaries based on year of graduation and admission to practice, in simple terms, Specsavers describes this as 'peer parity'. Specsavers rationale will be articulated throughout the body of this submission.

1. Is there any public benefit in requiring all optometrists to be eligible for therapeutic endorsement?

Public benefit is a paramount consideration with this proposal. Currently, of Australia's 4000 plus registered optometrists, only some 800 or 20% of registered optometrists have therapeutic qualifications². It is important to note that it isn't only older registered optometrists who are not therapeutically trained but also many younger optometrists who

¹ In addition Specsavers has 51 stores in New Zealand and over 1400 stores worldwide.

² According to Insight No. 370 February 2011 at 1 which indicates that in some States the figure is as low as 2-8% as is the case in NSW, and only 3% in South Australia.

graduated before 2006 when therapeutics training by universities was first accredited, and in fact, in the case of Queensland University of Technology, students graduating up to 2013 will not be therapeutically trained. In preparing this submission, Specsavers conducted a survey of its optometrists to ascertain the frequency of them either writing a therapeutic prescription for their clients or alternatively referring their clients to third parties in instances where it was felt a therapeutic prescription may be required. Research conducted by Specsavers found that approximately 18% of its optometrists were therapeutically endorsed. Specsavers survey found that the therapeutically endorsed optometrists on average issued a therapeutic prescription to a client 1.8 times per week. In relation to those optometrists not therapeutically endorsed, on average they referred a client 1.4 times per week to a third party because they felt a therapeutic prescription may be required. Accordingly, with those polled undertaking an average of 80 eye examinations per week, the requirement for therapeutic intervention within optometric practice in Australia currently sits at approximately 2% of consultations. The other very significant consideration is that the difference in the need for therapeutic intervention experienced by the two groups of optometrists is only half (.5%) of one (1) per cent. In such circumstances there is questionable public benefit in including therapeutic qualification as a requirement for general registration.

The above findings, it is suggested, would be industry norms. Specsavers submits that the number of instances when an optometrist either encounters a patient who requires medication associated with their optical condition or alternatively where a therapeutically qualified optometrist sees need to prescribe medication to a patient to treat an optical condition is miniscule. Accordingly, the public benefit of compelling all optometrists to gain therapeutic endorsement as a requirement for general registration is unwarranted. Optometrists are currently serving the needs of the Australia population at a very high professional level. There is no evidence to support the view that adding therapeutic endorsement as a requirement for general registration will increase the level of service being provided to patients by Australian optometrists. The proposal will place a significant additional burden upon practicing optometrists for negligible and questionable public gain.

Specsavers concedes that in remote rural areas a therapeutically endorsed optometrist may be able to provide an additional service to a patient who requires medical prescription for a minor ocular condition especially in areas where specialist ophthalmological services are scarce, but these circumstances do not warrant imposing a requirement for therapeutic endorsement on all practicing optometrists. The preferable position is to allow optometrists to decide for themselves if therapeutic endorsement will add to their level of patient care in their specific location and circumstance. Therapeutics is just one of a number of specialties which an optometrist can choose to pursue, for example, contact lenses, children's vision, binocular vision, sport, behavioural optometry etc. Optometrists should be free to choose their own area of specialist interest and not be compelled to qualify in a specialist field of practice that may deliver little or no benefit to them and / or their patients. Depending on the area of practice, an optometrist may decide that an alternative area of specialty is more beneficial to the public that optometry serves.

Indeed, there may be a significant public detriment if therapeutic endorsement is imposed upon current practicing optometrists as it may lead to many experienced optometrists, currently providing high levels of patient care deciding to simply leave the profession rather than undertake the burden and expense of qualifying in therapeutics. This would have a significant and detrimental effect on the wider public, especially in rural and regional Australia which already suffers from a paucity of optometry services. Any initiative that has the potential to result in a reduction in optometry cover should be rejected.

Specsavers is of the view that there may be a risk to the public should therapeutic endorsement become a requirement for general registration. As was stated by one optometrist; *"The proposed requirement is completely unnecessary and risky. If my wife or I had a suspected corneal ulcer, we would see a medical doctor who specialised in ophthalmology (11 years medical study), not an optometrist who had done a 1 year part time therapeutics course."*

Many red eye conditions have a systemic origin. Only a medically trained person is insightful of all systemic conditions that could have ocular manifestations of the underlying medical condition. Only Doctors can arrange scans or further medical tests."

Aligned to the above submission is the risk that a therapeutically endorsed optometrist may see insufficient patients to remain proficient and current with prescription of medication. Again, as stated by one optometrist; *"I assisted four ophthalmologists for two years soon after I qualified and was therapeutically competent. When I went into private optometric practice and wasn't exposed to pathology regularly, I soon lost the feel for diagnosing ocular pathology, and my competence decreased. If one doesn't diagnose and treat ocular pathology several times a day, one becomes rusty. This is not in the public's interest"*.

2. Is such a requirement a reasonable expectation of optometrists?

A primary justification for the OBA's proposal for requiring therapeutic endorsement to be a condition of general registration for all optometrists is the decision by the three Australian teaching universities to add therapeutics training into their compulsory course curriculum. As Specsavers understands the argument, the OBA is advancing this as the rationale for requiring all overseas qualified optometrists to undergo similar training.

It is Specsavers submission that the introduction of a therapeutic component by the three Australian teaching universities does not and should not on its own create a new entry-level standard for optometry. The universities have individually and independently introduced therapeutics to broaden their core studies, however, Specsavers is of the view that it is wrong to suggest that such a speciality should become a requirement for general registration for current and future registered optometrists, especially in light of the fact that on average fewer than 2% of all eye examinations lead to a therapeutic prescription being issued. Current practising optometrists who do not wish to qualify in therapeutics, or see a practical need to offer it in their practises, should not be compelled to upgrade their qualifications to this specialist standard unless they choose to do so. Therapeutic endorsement does not play a major role in the practice of optometry in Australia hence elevating therapeutic endorsement to a prerequisite for general registration is overstating its significance in general optometric practice.

Specsavers submits that requiring all optometrists to have therapeutics endorsement by 2014 is an unreasonable and discriminatory requirement. The practise of optometry has not changed such to make practising without therapeutic endorsement in any way an impediment or disadvantage to the public, or diminish the care currently offered by optometrists who are not therapeutically endorsed.

Even if it was accepted that therapeutic endorsement was needed or desirable to have as a requirement for general registration, which Specsavers rejects, it is not possible to have all currently registered optometrists trained to the currently defined therapeutic endorsement standard by 2014 or even 2030 for that matter. Until recently three Australian universities offered therapeutic post graduate training³. It is Specsavers understanding that from 2011 onwards, the University of Melbourne will no longer offer its Post Graduate Certificate in Ocular Therapeutics effectively reducing post graduate training opportunities to either the QUT course or the UNSW course.

³ The University of Melbourne, Department of Optometry and Vision Sciences which offers the Postgraduate Certificate in Ocular Therapeutic; Queensland University of Technology, School of Optometry which offers the Graduate Certificate in Ocular Therapeutics; and University of New South Wales, School of Optometry and Vision Science which offers the Graduate Certificate in Ocular Therapeutics.

Both the UNSW and QUT courses take in effect one year to complete and each course intake is restricted to 50 and 60 students per annum respectively. Given that only 800 of the current number of Australian registered optometrists are therapeutically endorsed, this number can only be increased by an additional 300 or so by 2014 meaning that some 2900 currently registered optometrists will not be eligible to practise beyond 2014 if therapeutic endorsement is a requirement for general registration. This would be an absolute disaster for Australia optometry and would be against the Australian public interest. In addition, any decision making process which leads to the above outcome would be doomed to fail such would be the public, political and media outcry.

Accordingly, without taking the matter further, it can be seen that the OBA's proposal that therapeutic endorsement become a requirement for general registration by 2014 is not only unreasonable but practically impossible to implement.

It should also be remembered that not all optometrists are in a position to invest the time and money required to complete the therapeutic endorsement. The post graduate therapeutic qualifications currently on offer cost in the vicinity of \$15,000.00. The courses are run over two semesters with the first semester of the Course composed of 4 modules conducted over two 3-day sessions and two 4-day sessions. The second semester of the Course is the clinical placement component. In addition to the clinical placements, students are required to attend classes and make presentations which require additional personal preparation time all at a time when optometrists are overworked and in short supply.

One further argument mitigating against the proposal requiring therapeutic endorsement for all general registered optometrists is a recent reform in relation to the ability to purchase anti biotic eye drops 'across the counter' in pharmacies without a prescription. The most common condition encountered by optometrists requiring a therapeutic intervention is bacterial conjunctivitis. The suggested treatment for such a condition is an antibiotic drop. Since 2010, anti biotic eye drops can be purchased in Australia across the counter in pharmacies without a prescription. Accordingly, it is unreasonable to require all optometrists to acquire therapeutic endorsement given that the condition most encountered by optometrists which necessitates a therapeutic prescription can be treated by medication available across the counter without a prescription.

3. Should therapeutic qualifications be a requirement for practice as an optometrist in Australia?

Specsavers submits that in its experience the occasions when optometrists may need to prescribe therapeutics in regular day to day practice is so infrequent as to make it unnecessary to make therapeutic endorsement a requirement for practise as an optometrist in Australia. Specsavers internal survey results as outlined above indicate that less than 2% of patients seen by Specsavers optometrists result in the prescribing of a scheduled therapeutic medication. Specsavers is of the view that this number would be consistent with profession averages. Accordingly, there is little public benefit in including therapeutic qualification as a requirement for general registration.

It is Specsavers' strong recommendation that before therapeutic endorsement is further considered as a requirement for general registration in Australia, the OBA commission a study to investigate the:

- (a) number of optometrists who have therapeutic qualifications as distinct from the number of optometrists who have actually applied for therapeutic endorsement;
- (b) numbers of therapeutically endorsed optometrists who actively prescribe scheduled medicines;
- (c) frequency and volume of scripts written by therapeutically endorsed optometrists;

- (d) community views towards optometrists having therapeutic endorsements ;
- (e) capacity of Australian universities to offer positions in therapeutics courses and to handle the demand (particularly if therapeutic qualification is subsequently required of all optometrists in Australia)
- (f) likely effect of implementing the requirement on workforce issues and whether it will deter overseas qualified optometrists from migrating to Australia;
- (g) cost to the government of granting rebates for optometrist services compared with patients seeking prescriptions from GPs;
- (h) ability of GP's and ophthalmologists to accommodate appointments for the prescribing of ocular therapeutics.

The above list is not intended to function as an exhaustive list of considerations but rather it should be taken as a starting point of issues which require serious consideration before the OBA's recommendation is taken forward any further. In short, Specsavers is of the view that the actual merit and need for optometrists to have a therapeutic endorsement should be fully investigated.

Currently, scheduled medicine endorsements have been approved by the Ministerial Council to apply to nursing, optometry and podiatry. In nursing and podiatry, the endorsement operates similarly to the current arrangement in optometry in that endorsement is an additional qualification which nurses and podiatrists may seek to attain. It would be inappropriate to impose therapeutic endorsement as a requirement for general registration on optometrists where other health professionals are not required to attain the endorsement prior to attaining general registration. It would result in an inconsistent application of the National Law where one of the clear aims of the law is to achieve consistency.

The fact that graduates from 2014 onwards will be therapeutically trained is not grounds enough to compel therapeutic endorsement on all current generally registered optometrists. The two issues are not aligned. A precedent exists in the case of diagnostic training of optometrists. Diagnostic training of all graduating optometrists was introduced over 20 years ago. Diagnostics is used on a frequent basis in modern optometry practise, despite this, diagnostic training was not made a requirement for general registration of optometrists. To this day there are optometrists who are successfully practising optometry without ever having been trained in diagnostics. Given the limited application of therapeutic prescriptions in optometry practise, it is unreasonable for therapeutic endorsement to be a requirement for practice as an optometrist in Australia.

It is also relevant at this stage to look at the detrimental impact imposing therapeutic endorsement would have on the ability of overseas trained optometrist to immigrate to Australia and how this detrimental impact would adversely affect the Australian market. The optical market has grown in recent years. Specsavers own growth has resulted in a significant reduction in the average selling price of glasses in Australia with the result that Australians are purchasing glasses more frequently. This recent phenomenon has lead to an increase in the demand for optometry services. Taking into account Australia's current estimated numbers of registered optometrists, there is likely to be a serious undersupply of optometrists in Australia to deal with the growing need. This has been recognised by the Department of Immigration which has placed optometry on the Critical Skills List (see 5 below for a further and better discussion of this point). The introduction of new and potentially unnecessary bars to registration will have the effect of deterring the entry of skilled migrants to Australia. Further, if the qualification was required of all optometrists, it could potentially discourage Australian qualified optometrists from continuing in the profession.

Before any significant reforms are introduced, independent and appropriate studies should be conducted to investigate the current and future demand for optometrists and projections into the effect of requiring the additional therapeutics endorsement would have on attracting

qualified optometrists to Australia. The lack of such due process could lead to an unintended and unnecessary consequence of reducing optometrist numbers.

Finally, one needs to consider whether it is fair to introduce an additional qualification over and above current requirements which impacts upon a current optometrists right to practice. As stated by one optometrist in opposition to the proposal to make therapeutics endorsement a requirement for general registration, *"I similarly feel that it is wrong for any person or body to make major retrospective changes to the scope and definition of a profession and adversely affect the circumstances of 80% of Australian practitioners who have provided a service for the public good for many years."*

4. If so, should there be a period of grace to allow all registered optometrists to gain the necessary qualifications and how long should the period be?

As stated above, it's not possible to train all Australian registered optometrists to therapeutic endorsed standard by 2014 within the current training resources only currently catering for up to 110 post-graduate students each year. From 2011, the only universities offering a postgraduate ocular therapeutics course will be QUT which accepts a single intake of 50 students a year and UNSW which accepts a single intake of 60 students a year. Using the OBA's estimate that some 800 of Australia's 4000 plus general registered optometrists have their registration endorsed for scheduled medicines, means that approximately 3200 or some 80% of Australia's current registered optometrists will be required to undergo the course. Furthermore, under the OBA's proposal they will be competing for postgraduate study positions with overseas qualified optometrists seeking general registration after 2014. Serious consideration should be given to the logistics of implementing the proposal and whether the Australian university system is sufficiently resourced to handle the demand.

If therapeutic endorsement is required for general registration, then universities will need to significantly increase the course availability and intake quotas and the period of grace will need to be extended by as much as 20 years to give all currently registered optometrists the time to complete the course⁴. Given Specsavers' internal survey results indicate that less than 2% of patients seen by Specsavers optometrists result in the prescribing of a scheduled therapeutic medication, this will require a major investment by both universities and optometrists for little public benefit.

Specsavers submission is that current registered optometrists should not be required to obtain therapeutic endorsement for the duration of their careers so long as they maintain current registration and undertake the requisite continuing profession development. With this approach, over time, eventually all Australian registered optometrists will have therapeutic endorsement given that all current students are receiving this training as part of their general optometry studies but current general registered optometrists will not be unreasonably burdened and disadvantaged from practicing by their lack of such specialist qualification.

5. To be consistent with Australian graduates, should overseas-trained optometrists applying for general registration in Australia for the first time be required to complete appropriate competency assessments for therapeutic practice from 2014.

In 1 July 2010, the Department of Immigration and Citizenship published a new Critical Skills List which included optometrists. By including optometrists the Federal Government has identified optometrists as possessing "the high value, nation building skills Australia needs – skills that take time and diligence to acquire, that are put to the use intended, and where the cost to the economy and local communities of the skill being in short supply is great."

⁴ See Insight No. 370, February 2011 at 2.

By including optometrists into the critical skills lists for migration, the Federal Government is recognising that there is a skills shortage in Australia in regard to optometrists which the government intends to address by skilled migration. Unnecessarily imposing therapeutic endorsement as prerequisite for general registration for all future optometrists has the potential to disqualify a significant number of overseas trained optometrists immigrating to Australia including those trained in developed countries such as the United Kingdom, the United States and Canada.

The suggestion that it would not be fair for Australian graduates post 2014 to have a therapeutic endorsement where overseas qualified optometrists do not, fails to appreciate the hardship which overseas optometrists would face if they were required to obtain therapeutic qualification as a pre-requisite to general registration in Australia. This imposes upon the overseas optometrist a greater requirement than is currently the case for the majority of registered optometrists in Australia.

In addition, overseas qualified optometrists (many of whom would have practised as optometrists for many years outside of Australia) would have to enrol in one of two courses offered by two universities in Australia (with limited intakes), be accepted, spend a year completing the course which involves part time attendance in classes and setting aside time for study and incur the fairly substantial cost of completing the subject. Further, the uncertainties which they would face particularly as their visas are tied to them obtaining acceptable skills assessment would constitute a considerable hardship and potentially a deterrent for skilled migrants with optometry qualifications migrating to Australia.

If Australian resident optometrists are given special consideration or exemption from the requirement from therapeutic endorsement yet a different and more onerous position is adopted for overseas trained, there is an argument that this potentially amounts to indirect discrimination on the basis of national origin contrary to the *Racial Discrimination Act 1975* (Cth). In particular, there would be the imposition of a condition, or requirement, which the overseas qualified optometrists would not have in circumstances where the requirement is not reasonable. The unreasonableness arises from the fact that the existing population of practising optometrists would not be subject to the same requirement and the fact that it would deter entry of foreign qualified optometrists where there is a chronic shortage of optometrists in Australia.

It should be borne in mind that overseas qualified optometrists are required to successfully complete the OCANZ Competency in Optometry Examination before they are issued with a positive skills assessment indicating that they have an entry-level standard of competence in optometry. The Examination is composed of four parts, two written and two clinical. Both clinical components must be completed within 3 years of successfully completing the written examinations. The clinical components are only offered in Melbourne. In 2010, a cap was introduced by OCANZ to allow only 21 candidates to take the clinical examinations in each sitting, with two sittings held in a year.

Overseas candidates must travel to Australia in order to sit the examinations. The expenses which they incur are considerable. They include international travel costs, examination fees, accommodation and travel expenses within Australia as well as any income lost whilst studying or travelling to Australia.

Introducing an added layer of qualification to attaining general registration would impose further hardship on overseas candidates.

Under the proposed policy, an overseas optometrist who has not successfully completed an accredited Australian ocular therapeutics course or successfully completed the ACOT exam would either be prohibited from practising optometry in Australia or at best would be granted only a limited registration. Classifying overseas qualified optometrists with a 'limited registration' could create a prejudice in the industry and community against overseas

qualified optometrists. It may lead to the adoption of the flawed notion that overseas optometrists are less qualified to provide the requisite level of care and treatment as optometrists, than their Australian and New Zealand counterparts.

It is Specsavers submission that overseas optometrists should be treated consistently with their Australian peers. Accordingly, if any periods of grace or 'grandfather' provisions are introduced for Australian registered optometrists then the same concessions should be offered like overseas qualified optometrists. Specsavers refers to this as 'peer parity'. In relation to overseas trained optometrists, Specsavers view is that their entry qualifications criteria should be aligned to the cohort of their corresponding Australian counterparts based on year of graduation and admission to practice. Accordingly, if Australian registered optometrists who graduated and were registered to practice before 2014 are not required to have therapeutic endorsement post 2014 to retain general registration, then an overseas like qualified and registered optometrist should not be required to have therapeutic endorsement to be registered to practice in Australia. On the other hand, any overseas qualified optometrist who graduates after 2014 and applies for registration in Australia after 2014, should be therapeutically endorsed to align with their Australian cohort who will all be therapeutically endorsed after that date.

6. **Should optometrists holding general registration practicing in non-clinical roles, such as management, administration, education, research, advisory or policy development roles, be required to hold therapeutic qualifications?**

Given Specsavers opposition to requiring general registered optometrists from having to hold therapeutic endorsement, it follows that Specsavers is also opposed to any policy which makes it compulsory for optometrists working in non-clinical roles to possess a therapeutic qualification. Given that optometrists working in management, administration, education, policy development etc. are not practicing in a patient interactive environment, Specsavers fails to see any public benefit whatsoever in compelling such optometrists to have therapeutic endorsement. Certainly such optometrists can choose to obtain such endorsement as part of their continuing professional development but it should not be compulsory or a requirement for them maintaining their general registration.

7. **Are there impediments to the proposal that need to be considered and if so, can these be overcome?**

A significant impediment is that from 2011 onwards, the University of Melbourne will no longer offer its Post Graduate Certificate in Ocular Therapeutics effectively restricting both Australian and aspiring overseas trained optometrists to take either the QUT course or the UNSW course. The QUT Graduate Certificate in Ocular Therapeutics course and the UNSW Graduate Certificate in Ocular Therapeutics course effectively take one year to complete. The Courses are run over two semesters with one intake (in July) each year. The student intakes are restricted to strict quotas of 50 and 60 students respectively for each intake. The courses are generally only available to students who have Australian citizenship or permanent residency. Presumably the courses could be made available to overseas optometrists as well. Further given the requirement in semester two for clinical placement the courses are likely to be challenging for overseas based optometrists to attend without the course requirements changing to accommodate overseas based optometrists completing their course in anticipation of immigrating to Australia.

Yours faithfully,

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